

## Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Falling, Rdling or Sliding Rock /Material		3. Date/Time of Accident 09/18/2013 01:08 PM		4. Date/Time of Death 09/18/2013 01:08 PM		5. Fatal Case No 12						
6. Mine Information :														
a) Mining Company Name Gaddie-Shamrock LLC			b) Mine Name Caldwell Quarry			c) Parent of Mining Company Roy Beard								
7. Mine Location :		a) City Albany		b) County Clinton		c) State KY		8. Mine ID Number: 15-00091		9. Union: NO				
10. Primary Mineral Mined: CRUSHED & BROKEN LIMESTONE M			11. Number of Mine Employees:		a) Total 12		b) Underground 0		c) Open Pit/Quarry 11		d) Mill/Prep Plant 0		e) Other 1	
12. Contractor Name:						13. Union		14. Contractor ID Number:						
15. Contractor Address:		a) City		b) County		c) State		d) Zip Code						
16. Number of Contractor Employees:		a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other				
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:								
a) Mine Employees: 11		b) Contractor Employees: 0		a) Mine Employees: 0		b) Contractor Employees: 0								
19) Location of Accident										20. Mining Height:				
<input type="checkbox"/> 01-Underground		<input checked="" type="checkbox"/> 03-Open Pit		<input type="checkbox"/> 07-Advance Mining		<input type="checkbox"/> 30-Mill/Prep Plant		<input type="checkbox"/> Other (specify)		Feet		Inches		
<input type="checkbox"/> 02-Surface at Underground		<input type="checkbox"/> 06-Dredge Mining		<input type="checkbox"/> 08-Retreat Mining		<input type="checkbox"/> 99-Office Facility								
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1												
23. Victim Information :				a) Name Lonnie E Ferrill		b) Age 56								
c) Regular Job Title: Front End Loader Operator				d) Activity at Time of Accident: Feeding Pug Mill Hopper with Loader				<input checked="" type="checkbox"/> Mine Employee						
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days						
a) Total:		16 24 1		b) at the mine: 14 24 1		c) at activity (23d) 13 24 1		d) with Contractor						
25. Autopsy Performed: If Yes, Location YES Frankfort, KY						26. Mine Telephone No.: (606) 387-5438								
27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations): The victim was attempting to remove a rock from the pug mill hopper when he was engulfed by material in the hopper.														

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer:				29. Model:			
30. District: M3000 Southeastern		32. Field Office: LexingtonKY				33. Event Number: 6648108	
34. Accident Investigator: Leroy Lockett		35. MSHA Person Notified: Scott Jomson		Date 09/18/2013		Time 01:15 P	
36. Type of Report Initial		37. Name of Preparer and Date Prepared: Mike Harcher MH				Date 09/19/2013	
38. Reason For Amendment:							